

**VIRGINIA MASON MEDICAL CENTER
CLINICAL POLICY & PROCEDURE MANUAL
SECTION 5: OPERATIONS
ADMISSION OF PATIENT TO THE HOSPITAL**

<u>PURPOSE</u>	To describe a consistent process for admission of patients to the hospital.
<u>SCOPE</u>	Applies to all inpatient units.
<u>POLICY</u>	<p>Patient admission procedures show appropriate concern for the patient in order to ease anxiety and promote cooperation and receptivity to treatment.</p> <p>All patients are identified by using the standard process for patient identification, and the identification wristband is applied.</p> <p>Patients with allergies have a red wristband applied to alert caregivers.</p> <p>Patients are encouraged to leave valuables at home or send them home with relatives. If this is not possible, valuables are stored in the Admitting safe.</p> <p>Internal Transport Team (ITT) and patient care technician (PCT) staff are authorized by the director of pharmacy to transport sealed bags of patient belongings that may contain home drugs. Hospital admissions staff are also authorized to receive these bags for purposes of secure storage within the locked safe. Only licensed staff are allowed to handle the actual medications contained inside the bags and any evidence of tampering must be reported immediately to the pharmacy.</p> <p>The hospital does not assume responsibility for patient's valuables.</p>
<u>GUIDELINES</u>	<p><u>Admission</u></p> <p>If patient is sensitive or allergic to latex, refer to policy, "Precautions for Latex Sensitive Patients".</p> <p>Patients are escorted to room by ITT and instructed in the operation of the bed, TV and call system as well as location of bathroom and closet. Before leaving, ITT turns on the call light to alert the nurse that patient has arrived. If the patient is not escorted by ITT, the nurse assumes these responsibilities.</p> <p><u>The registered nurse and/or the PCT:</u></p> <ol style="list-style-type: none"> 1. Introduces her/himself to the patient. 2. Introduces the patient to roommate if applicable. 3. Assists patient if necessary to undress and get into bed. 4. Documents on CIS: patient's vital signs, height, and weight 5. Documents valuables in patient's possession on CIS: Valuables Form and follows process for safekeeping of valuables. 6. Determines that patient understands the operation of call system telephone, lights and TV control. 7. Discusses basic hospital routines with patient (mealtimes, shift changes,

**VIRGINIA MASON MEDICAL CENTER
CLINICAL POLICY & PROCEDURE MANUAL
SECTION 5: OPERATIONS
ADMISSION OF PATIENT TO THE HOSPITAL**

etc.) and answers any questions.

8. Before leaving the room, ascertains that patient is comfortable and safe. Implement appropriate visual control when indicated e.g., for "Fall Precautions" etc.

The registered nurse:

1. Determines that patient has confirmed ID wristband per policy, "Wristbands: Patient Identification and Color-Coded Alert Wristbands"
2. Verifies patient identification at admission or transfer to the hospital unit
3. Completes CIS: Admission Assessment Form and allergy assessment.
4. Applies red "Allergy" armband to patient if indicated.
5. Assesses and notifies physician of any conditions requiring a physician's immediate attention i.e., severe pain, shortness of breath, etc.
6. Screens for flu/pneumonia vaccination needs. Administers vaccines unless contraindicated.
7. Screens for smoking and offers smoking cessation/secondhand smoke educational materials to all patients. Offers additional counseling and referrals as indicated.
8. Obtains physician's orders for patient and implements. Informs patient of any tests that have been ordered and when scheduled. Describes what can be expected.

The Patient Flow Coordinator:

1. Notifies Hospitalist of admission.
2. Calls GH Rounder Pager / PacMed pager.
3. Verifies Patient Code status/I.D. band.
4. Applies patient labels to all chart forms.
5. Enters a diet order in computer for the patient if appropriate. Diet is entered in time for the next meal.

Safekeeping of Patient's Valuables

Valuable: Any patient belonging or personal possession of perceived monetary value.

1. Patients admitted to the hospital with over \$5.00 and/or valuables such as personal medications, jewelry, credit cards, checks, keys, cell phones, etc, will have the opportunity to have the items locked in a safe.
2. Collect the valuables from patient; if any.
 - a. Itemize valuables at the patient's bedside. Stones in jewelry are

**VIRGINIA MASON MEDICAL CENTER
CLINICAL POLICY & PROCEDURE MANUAL
SECTION 5: OPERATIONS
ADMISSION OF PATIENT TO THE HOSPITAL**

	<p>described by color, not by type: for instance; “white stone”, not “diamond”.</p> <ol style="list-style-type: none"> b. Place in Valuables envelope. Both staff and patient sign and date the form on the envelope. c. After the form is signed, place the pink copy inside the Valuables envelope and seal it. The white copy is placed in the patient’s chart. The yellow copy is given to the patient to serve as a receipt for claiming the Valuables envelope. <ol style="list-style-type: none"> 3. Call THE Dispatch for a courier to transport valuables envelope. <ol style="list-style-type: none"> a. 7a-7p M-F, Pitney Bowes will pick up valuables and deliver to Admitting on 4th floor. THE Dispatch will dispatch a Security Officer to the unit if a courier cannot pick up the valuables within 15 minutes of call. b. 7p-7a M-F and on weekends, ITT will pick up valuables and deliver to Admitting in Emergency Dept. on 6th floor. 4. Transport of valuables: <ol style="list-style-type: none"> a. The courier will not accept a valuables bag that is not sealed or signed. b. The courier signs the top of the white valuables slip and hands to the nurse. This receipt form is placed in the patient’s chart. c. The courier does not open or alter the valuables bag in any way. 5. Return of valuables to patient: <ol style="list-style-type: none"> a. On discharge: Patient brings receipt form to Admitting to obtain valuables. b. Partial return of valuables: Patient calls or comes down to Admitting and removes portion of contents from valuables bag. The remaining valuables are placed in a new valuables bag. Both staff and patient sign and date the bag, and the white copy is returned to the chart. 6. If the patient refuses to have valuables placed in the safe: Document in the IP Progress Note. 7. If the patient requests the valuables during the stay, the request can be made to have them retrieved. Authorized staff can retrieve the bag from admitting but an RN must receive the bag prior to the patient to ensure security of the contents and in particular to maintain control of any medications that may be present.
<u>KEY POINTS</u>	<p>Space in the safe is limited. Purses, large wallets, breakable items, laptops, etc. are not appropriate for the safe. If possible, encourage patient to send home with family. Document in the IP Progress Note.</p>
<u>RELATED POLICIES,</u>	<p><u>Related Policies</u></p> <p><u>Wristband: Patient Identification and Color-Coded Alert Wristbands</u></p>

**VIRGINIA MASON MEDICAL CENTER
CLINICAL POLICY & PROCEDURE MANUAL
SECTION 5: OPERATIONS
ADMISSION OF PATIENT TO THE HOSPITAL**

<u>PROCEDURES, STANDARD WORK AND REFERENCES</u>	Patient Rights and Responsibilities Advance Directives Charity Care Privacy Practices Patient Nondiscrimination Precautions for Latex Sensitive Patients Admission of Patient: Receiving Valuables– SW Admission of Patient: Releasing Valuables– SW Admission of Patient: Auditing Valuables – SW <u>References</u> DOH interpretive guidelines for drug security in hospitals
<u>SPONSORING</u>	Administrative Director Patient Care Services
<u>AUTHOR /ROLE</u>	Janine Wentworth RN, MN, Administrative Director Patient Care Services Reviewed by: Pitney-Bowes, Crothall/ Dispatch Center, Security Services
<u>GOVERNING AUTHORITY: DEPT OR POSITION</u>	Nursing Department is accountable for the content, implementation, and monitoring of this policy.
<u>IMPLEMENTATIO N & MONITORING PLAN</u>	Policy is implemented. Monitoring is via the PSA process.
<u>NEXT REVIEW DATE</u>	July 2018

APPROVING BODY and POLICY APPROVAL DATE:

Approved by:	Date:
Sr VP, CNO & Hospital Administrator: Charleen Tachibana, RN, MN, CNA, FAAN	July 2013
Administrative Director Patient Care Services: Janine Wentworth RN, MN	July 2013
Administrative director Pharmacy: Roger Woolf, PharmD	July 2013